

PART B - FEE(S) TRANSMITTAL

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7590 02/09/2006

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<i>G TURNER MOLLER</i>		(Depositor's name)
<i>G. Moller</i>		(Signature)
		4/7/07
		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/725,707	12/02/2003	Juan Ruben Valerio		4742

TITLE OF INVENTION: C-SHAPED MEDICATION REMINDER DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	05/09/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	
HINZE, LEO T		2854		368-010000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page; list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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G. TURNER MOLLER

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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A check in the amount of the fee(s) is enclosed.
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Authorized Signature *G. Moller* Date *4/7/06*
Typed or printed name *G. TURNER MOLLER* Registration No. *22978*

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